

HISTORICAL SUPPLEMENT TO FOURTH QUARTERLY SANITARY REPORT
 CUMULATIVE REPORT FOR PERIOD OF WORLD WAR II
 U. S. NAVAL HOSPITAL
 CORONA, CALIFORNIA

CHRONOLOGY

12-9-41: Hospital was acquired by the Navy for use as a Convalescent Naval Hospital. Original address was Norco, California.

1-2-42: Captain H. L. Jensen (MC) USN, reported aboard as Medical Officer in Command.

1-25-42: A contract Noy 4279 was assigned to Guy F. Atkinson - George Pollock Construction Co., which included remodeling of the main building for hospital purposes. Main features were alterations of 2nd and 3rd floors of main building which became the technical part of the hospital including X-ray, RENT, Operating Room, etc.

87 7-1-42: Guy F. Atkinson - George Pollock Construction Company began work on Ward Buildings in Unit I; Nos. 307, 308, 309, 310, 311 and 312. also Nurses Quarters, Buildings 103, and Corpsmen's Barracks. The same Contractors began work on Wards in Unit II which were buildings Nos. 501, 502, 506, 507, 508, 509, 510, 511, 512, 513, 514, 518, 541 and 545. These were Spanish style buildings of permanent construction with red tile roofing.

7-1-42: The Urological Department established.

7-5-42: The Dermatological and Syphilological Departments began to function.

8-1-42: The Dental Department was opened. Consisted of 3 Units, 1 Prosthetic and 2 general.

9-15-42: Construction on the Hospital Corps Quarters, Unit one, started.

9-16-42: The Clinical Laboratory, Unit I occupied.

10-4-42: Permanent X-ray Department put into operation. Prior to this all work was done by portable machines.

10/22/42: Building No. 208 first used as a fire station.

11-1-42: Permanent Quarters of the present Operating Rooms, RENT ready for use.

11-15-42: Nurses Quarters, Building 103, first occupied.

12-6-42: Construction started on the 1st Unit of the sewage disposal plant, located about 1000 feet west of the Main reservation on the bank of the Santa Ana River.

3-1-43: The Fire Station completed

3-30-43: The 1st sewage disposal unit completed.

4-2-43: The top 2nd floor of Hospital Corps Barracks, Building 301 occupied.

4-12-43: Williams Simpson Construction Company arrived to construct Buildings covered by Contract Noy 6039. These were mainly in Unit III.

4-15-43: Building 308, present Electrical Maintenance Shop, placed in use.

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4-16-43: Contract Noy 4279 terminated and new contract Noy 5978 with same contractors was opened.

4-26-43: Grading began for construction of Unit III.

5-13-43: Grading began for construction of Building #104 (addition to Nurses Home)

5-17-43: The 3rd floor of Building for Nurses Quarters placed in use. Also Concrete Ward "E" Building No. 312 was first used.

5-20-43: Ward "D", Building 310 placed in use.

6-1-43: Renovation and remodeling of Building 209 as a Waves Barracks completed.

6-17-43: Construction on an addition to the Nurses Quarters, Building 104, commenced.

6-21-43: Concrete Ward Buildings 307 to 312 completed.

6-21-43: An addition to the Corpsmen's Barracks started.

7-1-43: Unit II, Tuberculosis Unit completed.

7-12-43: Subsistence Building of Unit II opened.

7-13-43: Unit II occupied.

7-20-43: Nurses Quarters, Building 103 completed.

7-29-43: The Bureau of Medicine and Surgery authorized other Naval Activities to transfer patients with acute tuberculosis to Unit II of the Hospital.

8-15-43: EENT moved into its permanent quarters.
Contract Noy 6039 terminated and a new lump sum contract Noy 8127 entered into.

8-21-43: The Paymasters Office, Building 427, occupied.

8-23-43: Building 432 occupied as temporary Hospital Corps Barracks.

8-27-43: Buildings 429 and 431 occupied as temporary Waves Barracks.

12-28-43: Unit III subsistence building opened.

1-1-44: Unit III received its first patients.

1-29-44: Building 104, Nurses Quarters and Building 301, Hospital Corps Barracks occupied.

2-12-44: Contract Noy 8127 completed.

2-15-44: U. S. Naval Hospital, Corona designated by the Bureau of Medicine and Surgery as a center for the treatment of poliomyelitis.

5-8-44: Contract Noy 8354 covering a 250 expansion of Unit II entered into and work started immediately.

6-20-44: First concrete poured for Building No. 505.

7-1-44: Unit IV (Spadra) acquired from the Army.

7-24-44: Contract Noy 9248 to Davis-Keusder for construction of a new Chapel given. Work started immediately.

7-28-44: Ground was broken for construction of Saint Lukes Chapel.

9-27-44: Civil Readjustment Office opened.

9-28-44: Contract Noy 9886 to the Baruch Corporation entered into. This included construction of Wave Barracks Building #210, Fire Station at Unit III, alterations to certain dormitories of Building No. 301, converting it into a Waves Quarters, new elevator in Unit I to serve the north wing of the Administration Building, a Sick Bay reception room, a refrigerated garbage room, enlargement of Commissary Office and an interior stairway to lower floor which connects concrete Ward Buildings.

- 11/20/44: Alterations to Commissary Office Completed.
- 12/5/44: Rehabilitation Administration Organization established.
- 12/24/44: Chapel completed. First Church Services held at Midnight Christmas Eve.
- 1/15/45: Contract regarding the 250 bed expansion of Unit 11 completed.
- 2/1/45: A ward program of Occupational Therapy in conjunction with the Red Cross established.
- 3/20/45: A Bureau of Medicine and Surgery designated the U. S. Naval Hospital, Corona for treatment of poliomyelitis, Rheumatic Fever and tuberculosis.
- 3/27/45: Contract Noy 9886 was usually completed.
- 4/16/45: A contract Noy 1141 to J. K. Thomas and Beyer Construction Co., for construction of a recreation building and ship service store in the Unit 111 area was assigned.
- 5/1/45: Building No. 498, Unit 111 Fire Station completed.
- 5/1/45: Building No. 210, Waves Barracks, capacity 200 Waves, completed.
- 5/7/45: Contract Noy 9886 was 100% completed.
- 9/29/45: Photocopying equipment for medical records received in this Unit.
- 10/6/45: The Bureau of Medicine and Surgery designated this Hospital as a "Cord Bladder" treatment center.

ORGANIZATION

Paragraph 1612 of the Manual of the Medical Department provides for the fundamental organization of Naval Hospital Administration and authorizes such modifications that are necessary in individual situations. Such a situation exists here where the Hospital is composed of four units of varying degrees of independence of one another. A flexible plan is followed wherein the administrative functions of each unit are under the supervision of the Senior Medical Officer attached to the Unit and each unit is subordinate to the Central Command.

NARRATIVE ACCOUNT

The exclusive Lake Norconian Club was acquired by the U. S. Navy for use as a Naval Hospital on December 9th 1941, two days after the entry of the United States into World War II. The buildings are patterned after the California Spanish style and are located on a 684 acre tract of land which contains a fifty acre artificial fresh water lake and which has been extensively landscaped to enhance the natural beauties of the region. The site is located approximately fifty miles east of Los Angeles, four miles north of Corona, and lies within a 25 mile radius of Pomona, Santa Ana, Ontario and Riverside.

An extensive building and expansion program was promptly begun to enlarge the patient capacity of the newly acquired property and to convert existing facilities into operating rooms, laboratories, mess halls, and other necessary adjuncts of a Naval Hospital.

The expansion was along unit lines in which individual units with independent facilities were organized with separate messing facilities, maintenance etc. Each unit was planned for a particular type of patient, hence each was in reality a separate hospital, but the whole remained under one central administrative command.

The first patients were admitted in February 1942 and by Autumn the patient census had reached six hundred. These early patients were received as transfers from other Naval Hospitals. In January 1943 a draft of 225 Rheumatic Fever patients was received and thenceforth the hospital became a Rheumatic Fever center. Incoming patients arrive at the hospital by rail, plane and ambulance since the availability of these forms of transportation is ideal in the area, because of numerous nearby airfields, transcontinental rail lines and excellent highways.

91 During the first year of operation the staff averaged 30 officers, 35 nurses and 178 Hospital Corpsmen. A total of 1186 patients were treated during the year. In its second year staff personnel increased to 67 officers, 89 nurses, and 439 enlisted men with a total of 5162 patients. The 1944 averages were 100 officers, 184 nurses, and 1200 enlisted with 11625 patients. The first WAVES to report for duty were 5 enlisted women who arrived on February 28th, 1943 and the first WAVE officer reported on August 27th, 1943.

The professional staff has been maintained at the highest possible level from the beginning. Two units from the Mayo Clinic and one from Stanford University have seen duty at the hospital. Other outstanding specialists in Tuberculosis, Rheumatic Fever, Orthopedic, and Traumatic Surgery have been members of the staff at various times.

As mentioned above the hospital has grown into a group of four units under one central command. A brief summary of individual units is given below:

UNIT I

This is the nucleus of the hospital and centers about the original buildings acquired in 1941. The central administrative offices are located here. It contains quarters for non-tuberculous officer patients and is the center of the surgical service with large operating rooms, the main x-ray department and the central dental department. New construction has added a permanent building of 14 wards for enlisted patients. The entire unit provides patient beds for 174 officers and 706 enlisted men.

UNIT II

Unit II is new construction and consists of a series of one floor ward buildings with red tile roofs after the California Spanish style. It was designed and is used as the tuberculosis unit and is, for all practical purposes, a complete hospital for tuberculosis patients. It has a bed capacity for 163 officers and 437 enlisted men. It has independent galley and messing facilities and separate quarters for the nurses and corpsmen who are assigned to duty there. There is a complete surgical department where all surgical treatment of tuberculosis

is given. Its separate dental, x-ray and laboratory services complete its unitary status.

UNIT III

This is also new construction but is of a temporary nature and was completed and placed in commission January 1, 1944. It was designed primarily to treat Rheumatic Fever enlisted patients, but it has been necessary to use its unoccupied facilities for overflow tuberculosis patients that cannot be accommodated in Unit II. It is semi-independent of the other units, having its own messing facilities, administrative offices, dental, x-ray and laboratory services, but the nurses and corpsmen attached to it for duty are quartered with those of Unit I. It has a bed capacity of 1723 enlisted men. There are no facilities for officer patients.

UNIT IV

92 This was taken over as a convalescent unit on July 1st, 1944. It is located approximately 27 miles northwest of the Corona Hospital, 5 miles west of Pomona. The U. S. Army first occupied the site while training troops for desert warfare early in 1942. It had formerly been the State Narcotic Hospital and the Army increased its facility to 1000 beds by constructing temporary buildings for wards, mess halls, laundry, etc. Its present capacity is 800 enlisted patients.

ADDITIONAL DATA

TREATMENT OF THE "CORD BLADDER" PATIENTS

A Bureau of Medicine and Surgery directive of 6 October 1945 designated this hospital as the center for treatment of men who have suffered gunshot or shrapnel wounds of the spinal cord or injury of it due to fracture of the spinal column. A group of 59 such patients were received from the U. S. Naval Hospital Santa Margarita Ranch, Oceanside, California from October 19th to 22nd. The transfer was made smoothly and treatment of these patients and several additional ones admitted in the past few weeks has continued. A total of 62 patients suffering this type of injury are now under treatment.

These patients require an unusual amount of nursing care such as lifting and turning to avoid pressure sores, changing dressings, care of the bladder and bowels, feeding if they have arm paralysis and numerous other tasks such as shaving, brushing teeth, etc. A specially trained group of corpsmen and nurses have been assigned to these wards. Physiotherapy including Hubbard tank treatments, ultraviolet exposures to areas of ulceration, heat and massage of the paralyzed muscles and ambulation training of ones with returning muscle function. All must be given with regularity in order to avoid contractures and deformities. In the majority of cases operations on the spine to relieve nerve pressure have been performed. Several have required Orthopedic Surgery.

Operations on the neck of the bladder which will restore bladder function of a satisfactory type have been performed in 28 cases. Others will be done

when the proper indications develop. Through this operation artificial drainage of the bladder by urethral catheter or suprapubic tube can be dispensed with. Subsequent treatment of the infection in the urinary tract with penicillin, sulfa drugs and streptomycin has accomplished sterilization of the urine in a small number of cases. Streptomycin has only been available under provisions of a special project for the treatment of these cases during the past month. This study is well under way, but complete information including bacteriological data is not yet available. The results obtained thus far have been quite encouraging. Special effort to establish an efficient dosage schedule is being made.

Rehabilitation of these patients is expected to include educational features such as vocational training and other scholastic guidance. It is believed that the majority of these patients with spinal cord injury will, if the proper incentive is instilled, finally be able to live at home and be self supporting and self sufficient. They will not need to depend entirely on Federal subsidy. In many cases this will be accomplished within a year from the time of admission to the sick list.

93 Morale on these wards is especially good and very few patients are confined to their bed. These are ones who suffered injury to the cervical cord and are afflicted with arm as well as leg paralysis. Excluding these cases it can be stated that all of the patients are out of bed several hours or longer each day and several are able to walk with the aid of crutches and braces.

It is a certainty that this program for treatment of paraplegics in a center such as this is very worth while and will reduce to an absolute minimum the number of patients who will require permanent custodial care in a veterans facility. Fully 80% can be expected to live at home and be helpful and not a burden to their families.

It should be emphasized that work of this nature requires a greater number of personnel for proper care, but from a long range point of view will result in greater economy as it will eliminate veterans facility hospitalization in the large majority of cases.

DENTAL DEPARTMENT

Our first Dental Officer reported aboard on 5 April 1942, to open the way for establishing the permanent dental department of this activity. Soon after his arrival a chair for emergency work was set up and constituted the entire dental department until 1 August 1942 at which time the dental department was officially opened. At that time 3 Units were set up; 2 for handling general operations and surgery and the third for prosthesis. A x-ray Unit was also established at this time.

As the hospital grew other dental officers were added to the complement. In July 1943 a chair for general operative work and an x-ray unit were opened in Unit II and this original outlay has continued to function satisfactorily with no increases since that time. In November 1943 four units were established in Unit

III, three of them doing general work and one prophylaxis. An x-ray unit was also established in Unit III at the same time. Unit IV functioned without dental facilities until the spring of 1945 at which time equipment for two chairs; one operative and one prophylactic and an x-ray unit were commissioned, although only one dental officer has been assigned to this unit.

The dental staff of Unit I has grown from one emergency unit early in 1942 until at the present time there are a total of 10 units in use. These are divided as follows: 1 surgery, 2 prosthetic, 2 prophylaxis, and 5 for general operative work. There is also an x-ray unit.

In the spring of 1944 an addition to the prosthetic laboratory was made. This new room was equipped with 16 laboratory benches and sufficient equipment to train 10 students in prosthesis without interfering with the work being conducted in the main laboratory. These students have been trained in groups of 10 with the total course covering six months. In addition to the prosthetic technicians a number of dental technicians, general have been trained. This course is of 10 weeks duration and classes consist of at least 10 students. During the period between the time Waves arrived at this hospital and "V. J." day, the majority of these students were Waves.

RHEUMATIC FEVER RESEARCH

During the early months of 1944 a small number of medical officers were chosen to form the staff of the rheumatic fever unit. These medical officers were carefully selected because of their interest, experience and training in cardiology and related subjects. Many of them had been drawn from the teaching staffs of such universities as Southern California, Stanford, Cornell, University of Pennsylvania, and other outstanding schools. Since that time they have conducted an intensive research program covering all phases of rheumatic fever including the criteria for making an early diagnosis, evaluation of the treatment, effect of different drugs, relation of laboratory findings to progress of the disease, correlation of electrocardiographic changes, skin manifestations, proper period of convalescence, etc. The findings made by this staff have proven of inestimable value and some of the results have been widely disseminated throughout the medical world by various articles and treatises published in medical journals, magazines and periodicals.

By 1 April 1944 the bed capacity of this unit was completely filled and the ward bed number was increased from 66 to 82 beds. An average daily census of 2000 patients was maintained until July 1944. During 1944 and 1945 approximately 10,000 rheumatic fever admissions were treated and proper disposition made. During the latter half of 1945 the rheumatic fever census fell and the space thus made available was occupied by the expanding tuberculosis division of this hospital.

A program for medical care, education, occupational therapy and rehabilitation were planned and operated with marked benefit to the patient. A Board of Medical Survey has met four afternoons each week. During 1944 this board returned 81.8% of the patients to duty or to limited duty and discharged 18.2% of the patients from the service. In 1945 the number of patients discharged greatly increased

due to the fact that limited duty status has been discontinued and because the more badly damaged patients were sufficiently recovered to make disposition possible. Out of the entire rheumatic fever case load only 14 deaths occurred.

Regarding the effects of drugs upon rheumatic fever it seems to have been shown that the sulfonamides and penicillin while tending to prevent rheumatic fever before it develops by acting upon the streptococcus infection, does not evidence any beneficial effect upon the rheumatic fever itself. Other drugs used include phenacetin and cinchophen - both without apparent effect. X-ray therapy seems to be without value. Sodium salicylate given in conjunction with sodium bicarbonate appears to be the most efficacious drug in alleviating symptoms. Concerning the laboratory findings the sedimentation rate was found to be the most satisfactory indication of the patients progress.

The above, of course, gives only the high lights of the program and while successful much work remains to be done. Evidence of progress is indicated in the clearer understanding of the picture as a whole, the diminishing incidence of rheumatic fever and the appreciably shortened average period of hospitalization.

COMMISSARY DEPARTMENT

Procurement of provisions has never presented a serious problem at this hospital. Since the time of commissioning civilian agencies have been exceptionally cooperative and the ready availability of fresh fruits and vegetables during practically all seasons of the year has facilitated the problem of menu planning.

Adequate civilian help has on the other hand been something of a trial. Ten civilians were recruited directly from the staff of the hotel and continued to serve in a capacity similar to the one they held in civilian life, but sufficient additions to this complement have been rather difficult to obtain. Factors in the lack of candidates being practically the same old story; level of pay considerably less than that offered by war-time factories, insufficient local personnel to draw from and no available housing for new-comers, transportation problems, etc. This shortage has been so acute that it has been necessary to utilize Naval Personnel to fill the most needy gaps.

The main mess hall in Unit I serves the larger portion of staff personnel of this hospital. This mess hall was the original dining room of the hotel and is a huge room of impressive grandeur with enormous plate glass windows overlooking the lake and landscaped grounds below. The furniture too, was that belonging to the hotel and represents a high degree of quality and style not ordinarily reached by Naval establishments.

In February 1943 gas ranges replaced the original electrical equipment in Unit I. This major change has proven to be a great improvement. For the main part the usual Navy equipment, silverware, chinware, etc., has replaced that of the hotel. However, the silverware in use in the officers mess is that taken over

when the hotel was acquired.

The Commissary Departments of Units II III and IV were put into operation at approximately the same time the units themselves were placed in use. The first meal served in the Unit III Commissary was on Christmas day 1943. This occasion was appropriately ushered in by Christmas decorations, a holiday menu, etc. The first meal served in Unit IV was prepared in Unit I and transported to Spadra by means of a truck.

A steady increase of Tuberculosis patients from approximately 200 in January 1945 to a present high of about 1200, coupled with an increase in cost of provisions, has elevated the ration cost per man, per diem, from approximately \$0.69 to \$0.80.

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NURSE CORPS

Lt. (jg) Nellie J. Dewitt (NC) USN was one of the first Navy Nurses to report for duty and was the first Chief Nurse at this hospital. She was joined by almost daily additions to the Nurse's complement until by the end of January a total of 25 nurses had reported aboard. Of that number 14 were of the regular Navy and 11 were Reserves.

In view of the fact that our first patient was admitted in February and that he represented our total patient load for a period of approximately 3 weeks, it is obvious that our first nurses were not too preoccupied with the actual duties of nursing. However, during this period of conversion there was plenty of work for all and the nurses performed admirably in the tasks assigned them. These jobs included a complete inventory of all linen, silver and glassware on the compound. The preparation of necessary linen supplies for a temporary operating room required a great deal of time and this load also increased when the main operating room was established.

The original Nurses Quarters consisted of the two lower decks of the Main building, now known as SOQ. Each room was large enough to accomodate 2 nurses. At that time all staff personnel including the nurses ate their meals in the large mess hall on the main deck.

About the middle of May 1943 the nurses started moving into Building No. 103, their new and permanent quarters and soon after that time facilities for subsistence was established in their new home. The furnishings of the new quarters were chosen by the then Chief Nurse, Miss Susan J. English who had succeeded Chief Nurse, Miss Dewitt in September 1942

As the hospital itself expanded additional nurses quarters were required and constructed until at the present time the quarters in Unit I can accommodate a total of 256 nurses and the nurses quarters, located in Unit II, can satisfactorily house 56 nurses. The silver in use at the present time is that which was acquired from the Lake Norconian Club.

An indoctrination class for newly appointed nurses was started in May of 1945. By July of that year approximately 100 new nurses had arrived. At this time an all time high of nurses at this hospital was reached with a total of 295 attached. Of this number 40 were regular USN and the remainder were Reserves. In December 1944 Miss English was succeeded by our present Chief Nurse, Lt. Comdr. A. Gertrude Klesius, (NC) USN.

97 The Hospital grounds provide many recreational facilities with a golf course, facilities for swimming, boating and playing tennis. Many of the nurses have their own bicycles and cycling has become a diversion of many. There is also a nearby riding academy for horse-back riding.

On the hospital reservation and converted directly from the Lake Norconian Club Casino is the Commissioned Officers Mess. This circular structure of Spanish Style architecture with red tile roof extends out into the lake itself and provides a very picturesque and cool retreat with ample floor space for dancing, playing badminton, etc.

EDUCATIONAL SERVICE:

Our first educational service officer reported on 7 October 1943 to inaugurate this service. Since that time this department has grown by a series of steps into its present strength of 12 Officers. The main office at this time is located in Unit III with suboffices in each of the three other units. The work of the department includes counseling of discharges, evaluation of the educational background of service personnel by means of the GED tests, and many other related educational services. Correspondence courses are also made available to those desiring them and some actual classes, usually not above the High School level, are held at this hospital.

LEGAL DEPARTMENT

This department has been evolved since the beginning of the war and was created to fill the need of inexpensive and reliable legal information and aid for members of the Naval Service. At this hospital the position has been filled either by an experienced Hospital Corps Officer or by a Line Officer who has had special training in legal procedure. In addition to giving legal advice the Legal Officer also acts as recorder for summary and deck courts. Four Officers from this Hospital have attended the school of "Naval Justice" held at Port Hueneme, California.

THE CHAPEL

98 Saint Lukes Chapel was constructed by Davies-Keusder of Los Angeles, California, under Bureau of Yards and Docks contract Noy 4248. The contractor moved equipment to the location July 24, 1944 however the actual ground breaking for the building proper did not begin until July 28, 1944. The chapel was completed, including the installation of necessary furniture, and turned over to the hospital for use December 24, 1944, and the first service was held on that date at 1000.

The building proper is of stucco in the California Mission style of architecture with a cloister effect. Due to war time shortage it was necessary to use a red paper material on the roof but eventually this will be replaced by red tile and the belfry will be completed and a bell installed to call personnel to worship.

The Chapel is located in the North central part of the main reservation, convenient to both Units I and III. The total seating capacity is approximately 500.

MISCELLANEOUS DATA

The original fire fighting equipment consisted of hand carts manned by staff members. Today modern engines housed in firehouses and manned by trained firefighters provide protection for the hospital. Two engines are stationed in Unit II, two in Unit III and one in Unit IV. These engines are supplemented by additional equipment distributed throughout the compound, in wards and other appropriate and easily accessible places. Unit I by reason of its location is within the protective range of the stations located in Unit II and III.

Use of penicillin in the treatment of tuberculous empyema was tried as soon as penicillin became available for this type of experiment. The first tests were so remarkably successful that all subsequent cases of this type have been treated with penicillin and the results indicate clearly that its use is justified.

Photocopying equipment for medical records was placed in operation on September 29, 1945. In the comparatively short time this unit has been in operation it has proven to be of great value. At one time the backlog of records waiting to be copied had reached alarming proportions. This machine, however, has practically eliminated the bottle neck caused by lack of personnel and typewriters and does insure a degree of accuracy not possible with the tedious copying heretofore required.

79 The problem of sewage disposal has been solved in a highly satisfactory manner. The first unit of the disposal plant, a Doerr bio-filtration system consisting of a clarigester, trickling filter, secondary clarifier, chlorine detention canal, sludge bed and pump house, was placed in operation on 30 March 1943. Another unit of similar construction was added in 1944 utilizing the same chlorine canal and pump house as its predecessor.

In September 1943, a school for training WAVES in the Hospital Corps was established in Unit III of this hospital. The course was of one month duration, and each class consisted of approximately fifty students. A total of seven classes satisfactorily completed this course before the school was disestablished.

There have been a total of 24,907 patients admitted to this hospital between the time of commissioning and 25 November 1945. Since that time a total of 26,325 surgical operations have been performed. To date 158 Hospital Corps enlisted personnel have been separated from the service by reason of accumulated points.

CONCLUSIONS

It is noteworthy that no sizeable epidemics of food poisoning, catarrhal fever, or streptococcal throat infections have occurred at this hospital.

Each Thursday afternoon the Medical Staff meet for the purpose of discussion of intramural problems and to participate in the medical education program as sponsored by the War Time Graduate Medical Meetings Committee. Each Tuesday morning the Medical Staff of Unit III meet to discuss the problems encountered in Rheumatic Fever. Each Monday morning the surgical staff hold a similar conference.

Post-mortem conferences can not be held at this hospital. However the pathologist and interested officers carry on very complete and exhaustive post-mortem studies by going to a neighboring city and conducting the examinations there. A project for construction of a morgue and autopsy room in the administration building of Unit I has been prepared and submitted to the Bureau of Medicine and Surgery for approval.

A tremendous amount of effort and labor has been expended in construction and administration since the establishment of the hospital in December 1941. Numerous problems have been met and overcome. Some of these were peculiar to war time conditions and no longer exist. Others due to demobilization have taken their place, but once demobilization is completed and the Navy becomes more or less stabilized at a peace time level organization and administration will become routine.

100 Professional standards have been maintained at a high level, and an excellent pattern has been established to guide the staffs of the future. This is a distinct advantage because the pattern that was established originally is not easily nor readily changed.

One problem that has been present from the beginning and which still exists is that of suitable housing for officer personnel attached to the staff and for civilian employees. Many find it not only extremely difficult but frequently impossible to find suitable places to live within commuting distance of the hospital. As demobilization proceeds it becomes more and more imperative to replace service personnel with civilian help, and very frequently civilian personnel will not accept positions because of their inability to find suitable quarters. Acute housing shortages have been common throughout the country during the war. There is no promise of relief in sight in this community at present, but relief will come if and when the construction of new housing units takes place in the post war period.